

**MAINE DEPARTMENT OF EDUCATION –
FORM 1: REQUEST FOR SPECIAL CONSIDERATION**

Office Use Only
DR _____
P _____ DN _____

STUDENT INFORMATION FORM

Request Date:	
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Student Name		State Student ID #	
Grade		School	SAU
Principal Name		Phone/ext.	
Principal Email			

Reason for Request for Special Consideration (circle)				
Medical Emergency/ Serious Illness	Severe Emotional Distress	Death in the Immediate Family	Agency Involvement	Exigent Circumstances*

*Exigent circumstances must be discussed with DOE personnel before submission of the request.

Student is unable to participate in the following: (circle)	
MEA – Science	MEA – (Alternate) Science (PAAP)
MEA –Mathematics and English Language Arts/Literacy	MEA – (Alternate) Mathematics and English Language Arts/Literacy (NCSC)

The criteria below include the minimum conditions that must be met by the principal prior to submission of this request for non-participation in statewide assessment for a student.

Assurances by principal:	Yes	No	If no, then add comment(s):
1. Did a team convene to discuss this request?			
2. Does the student agree with this request?			
3. Has a parent/guardian signed the consent form and agreed to share relevant information with the MDOE Special Considerations Review Team as needed? (Form 2)			
4. I certify that this student cannot participate in INSTRUCTION , even with accommodations, during the test window.			
5. I certify that this student cannot participate in ASSESSMENT , even with accommodations, during the test window.			

I certify that the information contained within this notification is complete and accurate.

Principal's Signature

_____/_____/_____
Date

**This form must be faxed to the MDOE
Att. Charlene Tucker, Director of Assessment & Accountability (207)-624-6771**

FORM 2: PARENT CONSENT SIGNATURE FORM

(Do not submit to Maine DOE; retain in school file with student record)

I have consulted with the school district and agree with this request to exempt my child from statewide assessment. I understand that this means I will have no statewide assessment data for my child for the year of instruction being assessed.

Student's name:

By signing this request,

*I **do** ☐ / **do not** ☐ (check one) give the district **permission to seek an exemption** for my child from statewide assessment for medical or other extraordinary reasons.*

*I **do** ☐ / **do not** ☐ (check one) give **permission for the district to discuss the request** if necessary with a member of the Special Considerations Review Panel.*

Parent Name (Please Print)

Parent Signature

____/____/____
Date